



**GENERAL INFORMATION  
REGARDING APPLICATIONS FOR  
TEXT/MAP AMENDMENTS-SPECIAL USES-VARIANCES**

The application for a map amendment, special use permit or variance must be completed in its entirety by the applicant. Any supporting documentation (eg.-survey, photos, etc.) must accompany the application at the time of filing. The application must be submitted to the Clinton County Zoning Office no later than 12:00 noon on the filing date (calendar attached).

Applications must be complete at submittal time to be considered for the agenda. Deficient applications will be returned to the applicant and may delay the hearing until the following month.

**You are responsible to furnish the legal description.** You may want to consider consulting an attorney and/or Illinois Licensed Land Surveyor to obtain a legal description. The zoning office cannot write the legal description and will use only the legal description you furnish on the application. The zoning staff may not give legal advice.

The Zoning Board of Appeals meets at 7:30 P.M. on the date outlined on attached calendar. Location: 810 Franklin Street, Carlyle, IL., County Board Room.

The applicant and/or his/her representation are required to appear at the scheduled hearing. All persons testifying before the board will do so under oath, and must state their name and address for the record.

- A. Introduction of the case
- B. The petitioner presents his/her case
- C. Objectors (if any) statements and/or questions from the board
- D. The Zoning Board of Appeals decision

Map and Text Amendments will be forwarded to the County Board.

**This information is intended as a brief guide and should not be relied upon for a thorough understanding of the hearing procedure or zoning laws as applicable.**



**REQUEST FOR A SPECIAL USE PERMIT**

SPECIAL USE REQUEST NO. \_\_\_\_\_ DATE: \_\_\_\_\_

**(DO NOT WRITE IN THIS SPACE- FOR OFFICE USE ONLY)**

HEARING DATE: \_\_\_\_\_ PERMANENT PARCEL NO. \_\_\_\_\_

NOTICE PUBLISHED ON: \_\_\_\_\_ ZONE DISTRICT CLASSIFICATION: \_\_\_\_\_

NEWSPAPER: \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_ CK# \_\_\_\_\_ DATE: \_\_\_\_\_

**RECOMMENDATION OF BOARD OF APPEALS: ( ) DENIED ( ) APPROVED ( ) APPROVED WITH MODIFICATION**

**INSTRUCTIONS TO APPLICANTS:** A Special Use Permit development listed in Article IV Section 40-4-3, 40-4-13, 40-4-23, 40-4-33, 40-4-48, 40-4-64 of the Zoning Ordinance which have been designated "special use". These may be public service uses which, although generally considered desirable or compatible with uses in the zone district in which they may be permitted, require special review. This is performed by the Zoning Board of Appeals at a public hearing.

A notice of the hearing must be published in a newspaper of general circulation in the local area at least 15 days prior to the hearing. The applicant will be notified by mail of the time and place of the hearing at least 15 days prior to the hearing date. The applicant or his/her duly-authorized agent must appear at the hearing and present his/her case to the Board of Appeals. The applicant should be able to show, by a site plan and documentary evidence, that the proposed development will be in harmony with the general purpose and intent of the zoning ordinance.

All information requested below, a site plan as described on the attached sheet, and a development schedule provided reasonable guarantees for the completion of the construction must be provided before a hearing will be scheduled. Applicants are encouraged to visit, call or email ([jami.staser@clintonco.illinois.gov](mailto:jami.staser@clintonco.illinois.gov)) the office of the Zoning Administrator for any assistance needed in completing this form. Website: <http://www.clintoncountyzoning.com/>

**1. NAME OF APPLICANT (S):** \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

E-MAIL ADDRESS: \_\_\_\_\_

**2. NAME OF OWNER (S):** (only if other than applicant) \_\_\_\_\_

PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(attach additional sheets if necessary)

**3. LOCATION OF PROPERTY:** \_\_\_\_\_

(STREET) (CITY) (STATE) (ZIP)

**LEGAL DESCRIPTION** (lot, block and subdivision or metes and bounds):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. PRESENT USE OF PROPERTY:** \_\_\_\_\_

(industrial, residential, commercial, etc.)

FAX: (618) 594-6006

DATE: \_\_\_\_\_ OWNER (S) SIGNATURE: \_\_\_\_\_

**CLINTON COUNTY**  
Zoning Department  
850 Fairfax St. Rm. 124  
Carlyle, IL. 62231



REQUEST for a SPECIAL USE PERMIT

PHONE: (618) 594-6655  
FAX: (618) 594-6006

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THE APPLICANT IS RESPONSIBLE FOR THE LIST OF NAMES AND ADDRESSES OF ADJACENT  
LANDOWNERS

\*

ALSO ANYONE ACROSS A ROAD MUST RECEIVE NOTIFICATION

\*

NOTICE THE SAMPLE OF ADJACENT LANDOWNERS

<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>
<b>ADJACENT LAND OWNER</b>	<b>LOT OR TRACT IN QUESTION</b>	<b>ADJACENT LAND OWNER</b>
<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>	<b>ADJACENT LAND OWNER</b>

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**SITE PLAN INFORMATION REQUIRED**

You will need to provide a drawing of your lot showing the following:

- Property Lines & Dimensions of Lot
- Distances from proposed structure, front, side & rear lot lines
- Centerline of County or Township Road to proposed structure
- Distance from Right-of-way line from State Highway to proposed structure
- Building Height- from ground to peak

**THE OWNER IS RESPONSIBLE FOR DETERMINING THE ACCURATE LOCATION OF PROPERTY LINES.**

Consult a licensed land surveyor to confirm property lines if you are unable to do so.

**PROVIDE A DRAWING BELOW OR ON THE BACK OF THIS FORM**

**Proposed Setbacks:** Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left side: \_\_\_\_\_  
(Measuring from structure to the ALL PROPERTY LINES AND CENTERLINE OF ROAD)

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**I CERTIFY THAT ALL OF THE INFORMATION PRESENTED ON THE FOREGOING APPLICATION AND ALL OTHER  
ACCOMPANYING DOCUMENTS PRESENTED HERewith ARE COMPLETE AND ACCURATE.**

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER (S) (If not the same as above): \_\_\_\_\_ DATE: \_\_\_\_\_



<b>MUST BE FILED ON OR BEFORE</b>	<b>HEARING DATE</b>	<b>COUNTYBOARD</b>
December 3, 2015	January 6, 2016	January 19, 2016
January 6, 2016	February 3, 2016	February 16, 2016
February 3, 2016	March 2, 2016	March 21, 2016
March 2, 2016	April 6, 2016	April 18, 2016
April 6, 2016	May 4, 2016	May 16, 2016
May 4, 2016	June 1, 2016	June 20, 2016
June 1, 2016	July 6, 2016	July 19, 2016
July 6, 2016	August 3, 2016	August 15, 2016
August 3, 2016	September 7, 2016	September 19, 2016
September 7, 2016	October 5, 2016	October 17, 2016
October 5, 2016	November 2, 2016	November 21, 2016
November 2, 2016	December 7, 2016	December 19, 2016
December 7, 2016	January 4, 2017	January 17, 2017

**RESOLUTION ESTABLISHING ZONING FEES**

Whereas Clinton County has in force a County Zoning Ordinance wherein various fees have been established; and whereas said ordinance provides for changes in said fees when appropriated:

Now therefore be it resolved by the Clinton County Board that the following fees are hereby established for Clinton County Zoning:

<b>SPECIAL USE PERMIT</b>	\$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
<b>ZONING MAP AMENDMENT</b>	\$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
<b>APPEAL</b>	\$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS
<b>VARIANCE</b>	\$125.00 + COST OF CERTIFIED MAIL TO ADJOINING PROPERTY OWNERS

**ALL FEES ARE NON-REFUNDABLE**

**PLEASE MAKE CHECK PAYABLE TO CLINTON COUNTY ZONING**